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STATE OF CALIFORNIA  
BOARD OF PUBLIC HEALTH  
REGULATIONS  
FOR THE CONTROL OF COMMUNICABLE DISEASE  
ADOPTED APRIL 3, 1943

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STATE OF CALIFORNIA  
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FOR THE CONTROL OF COMMUNICABLE DISEASE  
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# REGULATIONS OF THE CALIFORNIA STATE BOARD OF PUBLIC HEALTH

## FOR THE CONTROL OF COMMUNICABLE DISEASE

### Section 10.

### NOTIFICATION

It shall be the duty of every physician or practitioner, every superintendent or manager of a dispensary, hospital, or clinic, or any person in attendance on a case of a reportable disease or a case suspected of being a reportable disease, to report the case immediately upon the proper form provided for that purpose by the State Department of Public Health, to the local health authority, who shall in turn report at least weekly, on the prescribed form, to the Director of the State Department of Public Health, all cases so reported to him.

Amebiasis (Amoebic Dysentery)	Measles (Rubeola)
Anthrax	Meningitis, meningococcic
Botulism	Mumps (Parotitis)
Chancroid	Paratyphoid fever, A and B
Chickenpox (Varicella)	Plague
Cholera, Asiatic	Pneumonia, infectious
Coccidioidal granuloma	Poliomyelitis, acute anterior
Conjunctivitis- acute infectious of the newborn (Ophthalmia Neonatorum)	Psittacosis
Dengue	Rabies, human and animal
Diphtheria	Relapsing fever
Dysentery, bacillary	Rheumatic fever
Encephalitis, infectious	Rocky Mountain spotted fever
Epidemic diarrhea of the newborn	Scarlet fever
Epilepsy	Septic sore throat, epidemic
Food poisoning	Smallpox (variola)
German measles (Rubella)	Syphilis
Glanders	Tetanus
Gonococcus infection	Trachoma
Granuloma inguinale	Trichinosis
Influenza, epidemic	Tuberculosis
Jaundice, infectious	Tularemia
Leprosy	Typhoid fever
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)	Typhus fever
Malaria	Undulant fever (Brucellosis)
	Whooping cough (Pertussis)
	Yellow fever

This list of reportable diseases may be changed at any time by the State Board of Public Health (Section 2571, Art. 3, Chap. 6, Health & Safety Code).

### Section 15.

Cases of Asiatic cholera, plague, typhus (louse borne epidemic type), and yellow fever are to be reported to the Director of the State Department of Public Health immediately by telephone or telegraph. (See Section 2569, Chap. 6, Art. 3, Health and Safety Code).



## Section 20

When no physician is in attendance, it shall be the duty of any individual having knowledge of a person suffering from a disease presumably communicable or suspected of being communicable to report forthwith to the local health officer all the facts relating to the case, together with the name and address of the person.

## INSTRUCTIONS TO HOUSEHOLD

## Section 25

It shall be the duty of the physician in attendance on a case considered to be an infectious or communicable disease, to give detailed instructions to the members of the household in regard to precautionary measures to be taken for preventing the spread of the disease. Such instructions shall conform to the regulations of the State Department of Public Health and the ordinances in effect in the local community.

## INVESTIGATION OF THE CASE

## Section 30

Upon being notified of a case of communicable disease or a suspected case of communicable disease, the local health officer shall make an investigation to determine if the case is one of the communicable diseases. If he finds the case to be one of the communicable diseases, or suspects the case to be one of the communicable diseases, he shall take such steps as he deems necessary to prevent the spread of the disease to others and to determine the source of infection.

## Section 31

If the source of the infection is found to be outside his jurisdiction, the health officer shall notify the health officer under whose jurisdiction the infection was probably contracted, and the State Department of Public Health.

## Section 32

7 If the case is one requiring strict isolation or quarantine, the health officer shall issue instructions to the patient and members of the household regarding the measures to be taken to prevent the spread of the disease. Such instructions shall conform to the established procedures of isolation technique and shall include the following:

- a) The patient shall have a separate bed in a room screened against flies.
- b) All persons, except those caring for the patient, shall be excluded from the sick room.
- c) The persons caring for the patient shall avoid coming in contact with any other persons within the household or elsewhere until every precaution has been taken to prevent the spread of infectious material from the patient's room.



- d) The persons caring for the patient shall wear a washable outer garment and shall thoroughly wash their hands with soap and hot water after handling the patient or any object he may have contaminated. On leaving the room in which the patient is isolated, the attendant shall take off the washable outer garment and leave it in the room until disinfected.
- e) All discharges from the nose and mouth shall be burned or disinfected. The discharges should be received in pieces of soft tissue or cloth and dropped into a paper bag which can be burned.
- f) Objects which may have been contaminated by the patient shall be disinfected before being removed from the contaminated area.
- g) The feces and urine of patients suffering from diseases in which the infectious agent appears in the feces or urine shall be disposed of according to instructions given by the local health officer.

## Section 35.

## QUARANTINE

- a) If the local health officer, upon making the investigation prescribed in Sections 30, 31, and 32, is satisfied that the case is one of the diseases requiring isolation of the case, and quarantine of the premises, he shall; define the area within which the patient is to be isolated; define the quarantined area; and affix the specified placard in a conspicuous place at the principal entrance to the premises.
- b) When isolation of the patient and quarantine of the premises are established, the health officer shall determine the contacts that are subject to quarantine and issue instructions accordingly.
- c) The placard used for quarantine purposes shall conform to the specifications prescribed in Section 2561 of the Health and Safety Code.
- d) Until removal of this placard is authorized by the local health officer, no unauthorized person shall enter or leave the premises or remove any article therefrom without the permission of the local health officer.

## Section 36.

## STRICT ISOLATION

- a) If the local health officer, upon making the investigation prescribed in Sections 30, 31, and 32 is satisfied that the case is one of the diseases requiring strict isolation or is very suggestive of one of the diseases requiring strict isolation he shall define the area within which the patient is to be isolated and issue instructions accordingly.



- b) Diseases in this classification do not necessarily require quarantine of the premises unless in the judgement of the local health officer such quarantine is necessary for the protection of the public.
- c) Strict isolation may be defined as the use of recognized isolation technique and must be sufficient to prevent the spread of the disease to non-infected persons.

#### MODIFIED ISOLATION

Section 37.

If the local health officer, upon making the investigation prescribed in Sections 30 and 31, is satisfied that the case is one of the diseases in which only a modified isolation is required, or is very suggestive of a disease in which only a modified isolation is required he shall define the area within which the case is to be isolated and issue instructions accordingly. The degree of isolation required will depend upon the disease and must be sufficient to prevent the spread of the disease to other members of the family and to the public. The local health officer shall determine the isolation technique required and issue instructions accordingly.

#### OBSERVATION

Section 38.

For the purposes of definition the term "observation" as used in these regulations shall refer to daily check upon the person under observation to determine whether such person is free of the disease for which he has been placed under observation, or has contracted the disease. Unless otherwise specified it does not mean the isolation or quarantine of the individual.

#### AMEBIASIS

Section 50.

Isolation shall be as defined in Section 37.

The patient shall be isolated until clinically recovered and feces specimens have been determined by the laboratory to be negative for this infection. In case of public food handlers, 3 feces specimens shall be required, taken at intervals of not less than 3 days and proved by the laboratory to be negative for this infection (*endamoeba histolytica*). Under ordinary circumstances no control need be exercised over contacts.

#### ANTHRAX

Section 51.

Isolation shall be as defined in Section 37.

The patient shall be isolated until the lesions have healed. No control need be exercised over contacts when the case is properly isolated.



## Section 52.

## BOTULISM

The local health officer shall investigate all suspected cases of botulism at once in an effort to determine the source of infection. If a commercial canned product is suspected the health officer shall report immediately by telegraph or telephone to the State Department of Public Health and special instructions will be issued.

## Section 53.

## CHANCROID

See Sections 105 to 120.

## Section 54.

## CHICKENPOX

Isolation shall be as defined in Section 37.

The patient shall be isolated for 7 days after the appearance of the first crop of vesicles. The health officer shall investigate all cases of chickenpox in persons over 15 years of age and in any person in whom he has reason to suspect smallpox. When a person affected with chickenpox is properly isolated, members of the family or household are not subject to restrictions.

## Section 55.

CHOLERA,  
Asiatic

Quarantine as defined in Section 35. Also see Section 15.

## a) Case

The local health authority shall communicate immediately with the Director, State Department of Public Health by telephone or telegraph, regarding case or suspected case and special instructions will be issued.

## b) Contacts

Special instructions will be issued by the Director, State Department of Public Health.

## Section 56.

## COCCIDIOIDAL GRANULOMA

Reportable only. Under ordinary circumstances no control need be exercised over case or contacts.

## Section 57.

## CONJUNCTIVITIS

(Acute infectious of the newborn)  
(Ophthalmia Neonatorum)

See Section 118.



## DENGUE

## Section 58.

- a) The case shall be confined during the first 5 days of the disease in a room or dwelling satisfactorily screened and kept free of mosquitoes.
- b) No control need be exercised over contacts.

## DIPHTHERIA

## Section 59.

Quarantine shall be as defined in Section 35. Quarantine of the premises shall not be terminated until the patient is free of all acute symptoms, and two successive negative nose and throat cultures obtained, taken at intervals of not less than 48 hours; and until negative release cultures have been obtained from each person within the quarantined area, as specified in Section 59.10. See also Section 133.

## Household Contacts

## Section 59.10

If the patient is isolated and the premises quarantined, the members of the household shall be confined to the quarantined area, except that, at the discretion of the health officer, these contacts may be released to live elsewhere under the following conditions:

- a) If their nose and throat cultures are negative.
- b) If any member of the household is a school child; or is engaged in an occupation bringing him in close association with children; or if his occupation involves the handling of milk or other foods, a second negative nose and throat culture shall be required after he leaves the quarantined area but before he shall be permitted to return or engage in any of these occupations. At least 48 hours interval shall occur between the taking of these specimens.

## Section 59.11

If the patient is removed from the quarantined area for hospitalization or removed because of death, the infected area shall be satisfactorily cleaned and disinfected and then the household contacts may be released from quarantine as outlined in Section 59.10.

## Section 59.12

After any household contact has been released under the provisions of Sections 59.10 and 59.11, he shall be kept under observation for a period of 5 days after the last exposure.



## Section 59.20

## Casual Contacts

Any one not a member of the household who has been in close association with a case of diphtheria shall be placed in isolation until a nose and throat culture has been obtained. If the culture is negative the contact may be released from isolation but shall be kept under observation for a period of 5 days after the last exposure.

## Section 59.30

## Any Contacts

Any contacts not residing with the quarantined premises whose nose and throat cultures are found to be positive for diphtheria, shall be kept in strict isolation until two successive negative nose and throat cultures have been obtained as in the release of a case of clinical diphtheria, except that a virulence test may be requested for all casual contacts having a positive culture and if the virulence test is negative, such findings shall be accepted as a negative culture and the casual contact released.

## Section 59.40

Whenever a case has been in quarantine for a period longer than four weeks, virulence tests should be made on the positive cultures from the case and the contacts in the quarantined area and those cultures found to be avirulent may be considered as negative cultures. Those found to have virulent cultures may then be placed in a modified quarantine as provided in Section 127, if the health officer feels that such can be done without jeopardizing the public health

## Section 60

DYSENTERY,  
(bacillary)

Isolation shall be as defined in Section 36.

## a) Case

The period of isolation and the restrictions imposed shall be the same as for typhoid fever except that the interval between the collection of specimens shall be at least 3 days.

## b) Contacts

The same requirements as for typhoid fever contacts. See also Section 133.

## Section 61

ENCEPHALITIS  
(infectious)

Isolation shall be as defined in Section 36.



## a) Case

The period of isolation shall be for 7 days from the onset and the patient shall be kept in a room satisfactorily screened against insects.

## b) Contacts

No restrictions when the patient is properly isolated.

## c)

When there is doubt on the part of the health officer as to whether the case is one of poliomyelitis or infectious encephalitis the control measures instituted should be the same as for poliomyelitis. See Section 80.

EPIDEMIC DIARRHEA  
(of the newborn)

## Section 62

- a) Isolation shall be defined in Section 36. The definition as to what constitutes a reportable case of diarrhea of the newborn shall be as follows:

Diarrhea in the newborn up to 3 weeks of age occurring in a hospital giving maternity service. Diarrhea shall be considered to exist when an infant has four or more loose stools in 24 hours, except in the case of entirely breast fed infants who show no other signs of illness and who are gaining weight.

- b) The infant patient shall be immediately placed in strict isolation until discharged from the hospital.

Infant contacts shall be kept in strict isolation until discharged from the hospital or institution.

In addition to these regulations (Sec. 62 a and b) the rules and regulations pertaining to maternity homes and hospitals, shall be followed.



Section 63.

EPILEPSY

(and chronically recurring states of unconsciousness)

As required in Section 211 of the Health and Safety Code, the definition as to what shall constitute a reportable case of epilepsy shall be as follows:

Any condition which brings about momentary lapses of consciousness and which may become chronic shall be considered reportable under the term epilepsy.

Section 64.

FOOD POISONING

- a) The health officer shall make an investigation in an effort to determine the cause. In the event that a commercial product is suspected the health officer shall notify the State Department of Public Health at once and hold all such specimens for examination in a laboratory approved by the State Department of Public Health.
- b) The definition as to what shall constitute a reportable case of food poisoning shall be as follows:
  - 1. Poisoning from organic poisons present in normal animal and plant tissues, including mushrooms, fish, and mussels.
  - 2. Poisoning following the consumption of food into which mineral or organic poisons or preservatives, including arsenic, lead, cadmium, fluorine, have been introduced by accident or with



the intent to improve the appearance or the keeping quality.

3. Infections due to the consumption of food containing bacteria of the Salmonella group.
4. Poisoning due to the deleterious substances (toxins) produced in food by the growth of bacteria, molds, or similar organisms.

#### GERMAN MEASLES

Section 65

Isolation shall be as defined in Section 37. The patient shall be isolated until clinically recovered. When the patient is properly isolated, members of the family or household are not subject to restriction.

#### GLANDERS

Section 66

Isolation shall be as defined in Section 37. The patient shall be isolated until the lesions have healed. When the patient is properly isolated members of the family or household need not be subject to restrictions.

#### GONOCOCCUS INFECTION

Section 67

See Sections 105 to 120.



Section 68

GRANULOMA INGUINALE

See Sections 105 to 120.

Section 69

INFLUENZA  
(epidemic type)

Isolation shall be as defined in Section 37.  
The patient shall be isolated during the acute symptoms. When the patient is properly isolated no restrictions need be placed upon the contacts.

Section 70

JAUNDICE  
(infectious)  
(infectious hepatitis)

Isolation shall be as defined in Section 37.  
The patient shall be isolated during the acute symptoms. No restrictions need be exercised over contacts.

Section 71

LEPROSY

Isolation shall be as defined in Section 36.  
Quarantine of the premises may be at times advisable. The patient shall be kept under strict isolation until determined by clinical observation, and by the absence of acid-fast bacilli on repeated examinations, to be apparently arrested. Contacts shall be kept under observation over a period of years to determine if they have become infected.

Section 72

LYMPHOGRANULOMA VENEREUM

See Sections 105 to 120.

Section 73

MALARIA

The patient shall be confined in a room or dwelling satisfactorily screened and be protected from the bites of mosquitoes during the stages in which the malarial parasites may be in the blood.



## MEASLES

Section 74

Isolation shall be as defined in Section 37.

## a) Case

The patient shall be isolated during the period of catarrhal symptoms and for 7 days after the appearance of the rash.

## b) Adult Contacts

No restrictions.

## c) Immune Children

Children giving evidence satisfactory to the health officer of having had the disease are not subject to any restrictions.

## d) Non-immune Children

Non-immune children shall be subject to the same isolation as the patient and kept under observation for 2 weeks from date of last exposure. If medical inspection is available and the child can be inspected daily before entering the classroom, this requirement may be waived, if in the opinion of the local health officer such procedure is advisable, and the child may continue school until the onset of symptoms. If the health officer is able to determine the definite date of exposure then the period of isolation may be from the 7th to 14th day if in the opinion of the health officer such a procedure is advisable.

MENINGITIS  
(meningococcic)

Section 75

Quarantine shall be as defined in Section 35.

## a) Case

The period of quarantine shall be for at least 14 days from the onset of the disease, and thereafter until all acute symptoms have subsided.

## b) Household Contacts

If the patient is isolated and the premises quarantined, the members of the household shall be confined to the quarantined area except at the discretion of the health officer the wage earners may be released from the quarantined area to live elsewhere providing their occupations do not bring them in close association with other persons.

## c) Casual Contacts

Casual contacts shall be placed under observation for a period of 14 days after last exposure.



## Section 76

## MUMPS

Isolation shall be as defined in Section 37.

## a) Case

The patient shall be isolated during the period of initial symptoms and until the swelling of the salivary glands has subsided.

## b) Contacts

No restrictions.

## Section 77

PARATYPHOID FEVER  
(A and B)

The period of isolation and the restrictions imposed shall be the same as for typhoid fever.

## Section 78

## PLAGUE

Quarantine shall be as defined in Section 35. Also see Section 15.

## a) Case

The local health authority shall communicate immediately with the Director, State Department of Public Health by telephone or telegraph regarding the case or suspected case. The period of quarantine shall not be terminated until 2 days after all symptoms have subsided. All laboratory specimens submitted for the purpose of establishing a diagnosis shall be examined ONLY in such laboratories as may be designated by the Director, State Department of Public Health.

## b) Contacts

Contacts of cases of plague shall be kept under quarantine until the health officer is satisfied that they have not contracted the infection except that contacts of cases of pneumonic plague shall be kept in quarantine for a period of 7 days after last exposure.

## Section 79

PNEUMONIA  
(infectious)

Isolation shall be as defined in Section 37. The patient shall be isolated until clinically recovered. These cases should include cases of acute lobar pneumonia and those cases known to be infectious or suspected of being infectious. This includes the virus types of pneumonia.



**POLIOMYELITIS**  
(acute anterior)

Section 80

Quarantine shall be as defined in Section 35.

a) Case

The period of quarantine shall be for at least 14 days from the onset of illness and thereafter until all acute symptoms have subsided.

b) Household Contacts

If the patient is isolated and the premises quarantined, the members of the household shall be confined to the quarantined area except at the discretion of the health officer the wage earners may be released from the quarantined area to live elsewhere providing their occupations do not bring them in close association with other persons.

c) Casual Contacts

Casual contacts shall be placed under observation for a period of 14 days after last exposure.

**PSITTACOSIS**

Section 81

Isolation shall be as defined in Section 37. The patient shall be isolated during the acute stages. No restrictions need be placed on contacts.

**RABIES**  
(human)

Section 82

Isolation shall be as defined in Section 37. The patient shall be isolated during the course of the disease. No restrictions need be placed on contacts of a human case.

**RABIES**  
(Animal)

Section 83

a) Case

Any animal known to be infected with rabies or suspected of having rabies shall be placed in confinement under proper care and observation and shall not be killed or released until 10 days shall have elapsed dating from the beginning of the confinement. If the animal dies, or has been killed under suspicion of having rabies, its head shall be removed and examined in an approved public health laboratory.

b) Contacts

Animal contacts of known or suspected cases of rabies shall be placed in confinement for a period of at least 90 days before



being released from confinement and observation.

If rabies is known to have become endemic or epidemic within a given area, the local health officer shall establish a quarantine and shall define the boundaries of the endemic area and specify the animals subject to quarantine, and all such animals within the quarantined area shall be kept in strict confinement upon the private premises of the owner, or if taken off the premises of the owner shall be kept under restraint by leash not over 5 feet in length in charge of a responsible person.

When the health officer establishes such a quarantine such quarantine shall be for a minimum period of 90 days after the last known case of rabies in the quarantined area. When the boundaries of the quarantined area have been defined, no animals subject to the quarantine shall be removed from the quarantined area during the duration of the quarantine without the written permission of the health officer.

c)

Persons known to have been bitten by rabid animals or suspected rabid animals shall be placed under observation by the health officer and should be encouraged to have proper treatment.

#### Section 84

#### RELAPSING FEVER

No restrictions on case or contacts. Reportable only.

#### Section 85

#### RHEUMATIC FEVER

No restrictions on case or contacts. Reportable only.

#### Section 86

#### ROCKY MOUNTAIN Spotted Fever

No restrictions on case or contacts. Reportable only.

#### Section 87

#### SCARLET FEVER

Quarantine shall be as defined in Section 35.

a) Case

The period of quarantine shall be for a period of 14 days from the onset of acute symptoms, and as much longer as is necessary for the complete disappearance of inflammation of the nose, and throat, and the cessation of discharges from the nose, throat, ears or suppurating glands.

## b) Household Contacts

If the patient is isolated and the premises quarantined, the members of the household shall be confined to the quarantined area except that, at the discretion of the health officer, adult members who are wage earners may be released to live elsewhere, provided their occupations do not bring them in close association with other persons or involve the handling of milk or other foods. If the patient is removed to a hospital, the members of the household shall be quarantined for a period of 7 days after last exposure, with the exception of the wage earner, who may be released as provided above.

## c) Casual Contacts

Persons who have come in contact with a case and who do not reside within the premises under quarantine, shall be kept under observation by the health officer for a period of 7 days after last exposure. During this period they shall, at the discretion of the health officer, be excluded from any occupation or activity which brings them in close association with people, or involves the handling of milk or other foods to be consumed by the public.

SEPTIC SORE THROAT  
(epidemic)

## Section 88

Isolation shall be as defined in Section 37. The patient shall be isolated until clinically recovered, except milk handlers who shall be excluded from their occupation until the health officer deems that it is safe for them to return to their occupation. No restrictions on contacts. The health officer shall investigate outbreaks of septic sore throat and when a milk supply is found to be the source shall take such steps as are necessary to prevent the milk being used by the public until determined to be safe for human consumption.

## SMALLPOX

## Section 89

Quarantine shall be as defined in Section 35. The period of quarantine shall be until clinical recovery, and until the scabs have separated and the scars have completely healed. Any unvaccinated person remaining on the premises shall be held in quarantine for 14 days after the termination of the quarantine of the patient.

## Household Contacts

## Section 89.10

If the patient is isolated and the premises quarantined, the members of the household shall be confined to the quarantined area, except that any person who wishes to be released from the quarantined area to live elsewhere may do so under the following conditions:



- a) If he has proved to the satisfaction of the health officer that he has had smallpox, or
- b) If he has proved to the satisfaction of the health officer that he has been successfully vaccinated against smallpox within the preceding 5 years, or
- c) If he has submitted to vaccination against smallpox, and has proved to the satisfaction of the health officer that the vaccination is successful or that there is evidence of immunity. Such contact shall remain in quarantine until released by the health officer with this evidence or protection.

## Section 89.20

## Casual Contacts

A person who has been exposed to the risk of contracting the disease by proximity to a case or to a suspected case of smallpox, shall be placed in quarantine for a period not less than 14 days from the last date of exposure. Such persons may be released if evidence of protection against smallpox is established to the satisfaction of the health officer as specified for household contacts.

## Section 90

## SYPHILIS

See Sections 105 to 120.

## Section 91

## TETANUS

Reportable only. No restrictions on case or contacts.

## Section 92

## TRACHOMA

Isolation shall be as defined in Section 37. The patient shall be isolated during the acute stages and when not under medical treatment satisfactory to the health officer. No restrictions need be placed on contacts.

## Section 93

## TRICHINOSIS

No restrictions on case or contacts. Reportable only. The health officer shall make an investigation to determine the source of infection. If the suspected product is a commercial product the health officer shall report the fact at once to the State Department of Public Health.

## TUBERCULOSIS

Section 94

Isolation shall be as defined in Section 37.

- a) Persons having tuberculosis in a communicable stage shall be considered as fulfilling the requirements of isolation as long as they are under adequate medical supervision and observe the instructions issued by the local health officer. The isolation shall be adequate for the protection of persons residing within the household as well as the public.
- b) Persons having tuberculosis in a communicable stage who refuse to observe the instructions of the local health officer and thereby needlessly expose others to infection shall be placed in quarantine until such time as the local health officer feels that such quarantine is no longer necessary for the protection of the public and in the event that such quarantine proves inadequate for the protection of members of the household or community the patient shall be placed in isolation in quarters designated by the local health officer until such time as such isolation is no longer necessary for the protection of the public.
- c) The person officially in charge of a sanatorium or other place where tuberculosis patients are cared for shall be responsible for immediately notifying the health officer in whose territory a patient resides whenever such patient having tuberculosis in a communicable stage leaves the institution.

## TULAREMIA

Section 95

Reportable only. No restrictions on case or contacts.

## TYPHOID FEVER

Section 96

Isolation shall be as defined in Section 36.

## a) Case

The period of isolation shall be until the acute symptoms have subsided and two specimens of feces and urine taken successively at intervals of not less than 5 days have been determined by the laboratory to be negative for typhoid bacilli. The patient shall not take any part in the preparation, serving, or handling of milk or other food to be consumed by individuals other than his immediate family; nor shall he participate in the management of a dairy or other milk distributing plants, boarding house, restaurant, food store, or any place where food is prepared or stored; nor shall he engage in any occupation bringing him in contact with children, until 3 successive feces and urine specimens taken at intervals of not less than 5 days have been determined by the laboratory to be negative for typhoid bacilli. Also see Section 133.



## b) Household Contacts

No restrictions except that no member of the household shall have any part in the preparation or serving of food to persons other than members of his immediate family; nor shall he engage in any occupation which brings him in contact with milk, milk products, milk bottles, or milk utensils. If members of the household are public food handlers and wish to resume their occupation, they shall leave the premises on which the case is isolated and submit at least two feces and urine specimens to the health officer and prove to the satisfaction of the health officer that they are free from infection before resuming their occupation.

## c) Casual Contacts

No restrictions.

## Section 97

TYPHUS FEVER  
(flea borne)  
(endemic type)

Isolation shall be as defined in Section 37. The patient shall be isolated in a vermin free room until clinically recovered. If the premises where the patient resides is vermin free and fleas are not present, no control need be exercised over contacts.

## Section 98

TYPHUS FEVER  
(louse borne)  
(epidemic type)

Quarantine shall be as defined in Section 35. Also see Section 15.

## a) Case

The health officer shall communicate immediately with the Director of the State Department of Public Health. The patient shall be kept in a vermin free room and all lice and louse eggs on the clothing or in the hair of the patient shall be destroyed. The period of quarantine shall terminate at the time of clinical recovery of the patient.

## c) Contacts

Shall be vermin free and be kept in quarantine for 14 days after last exposure.

## Section 99

UNDULANT FEVER

Reportable only. No restriction on case or contacts.

## WHOOPING COUGH

Section 100

Isolation shall be as defined in Section 37.

## a) Case

The patient shall be isolated during the early catarrhal period and for 21 days after the appearance of the typical paroxysmal cough.

## b) Immune Children

Children giving evidence satisfactory to the health officer or having had the disease are not subject to any restriction.

## c) Non-immune Children

Non-immune children shall be subject to the same isolation as the patient and kept under observation for 10 days after the last exposure. If medical inspection is available and the child can be inspected daily before entering the classroom, this requirement may be waived if in the opinion of the local health officer such procedure is advisable, and the child may continue school until the onset of symptoms.

## YELLOW FEVER

Section 101

Quarantine as provided in Section 35. Also see Section 15.

## a) Case

The patient shall be kept in a mosquito free room satisfactorily screened against mosquitoes. The quarantine period shall be 4 days after the onset of the fever.

## b) Contacts

Contacts shall be kept under observation for a period of 7 days after the date of last exposure.

## VENEREAL DISEASES

Section 105

Sections 106 to 120 inclusive pertain to the venereal disease and unless otherwise specified shall include syphilis, gonococcus infection, granuloma inguinale, lymphogranuloma venereum, and chancroid. (See Chapter 787 of the 1937 Statutes)

## Diagnosis

Section 106

The local health officer may require the submission of such specimens as may be designated from cases of venereal disease or from individuals suspected of being infected with a venereal disease for examination in a laboratory approved by the State Department of Public Health. The local health



officer may require any physician in attendance on a person infected with a venereal disease or suspected of being infected with a venereal disease to submit such specimens as may be designated for examination in a laboratory approved by the State Department of Public Health provided, however, nothing shall prevent the physician or individual from having additional examinations made elsewhere.

## Section 107

## Instructions To The Patient

It shall be the duty of the physician in attendance on a person having a venereal disease, or suspected of having a venereal disease, to instruct such patient in precautionary measures for preventing the spread of the disease, the seriousness of the disease, and the necessity for prolonged treatment, and the physician shall, in addition, furnish approved literature on these subjects. Approved literature for distribution to patients may be secured from the State Department of Public Health and the local health departments free of charge.

## Section 108

## Investigation

All city, county and other local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all reported or suspected cases of venereal disease in the infectious stages within their several territorial jurisdictions, and to ascertain the sources of such infections. The attending physician in every case of venereal disease coming to him for treatment shall endeavor to discover the source of infection as well as any sexual or other intimate contacts while the patient was in the communicable stage of the disease. The physician shall make an effort through the cooperation of the patient to bring these cases in for examination and if necessary, treatment. If within 10 days of identification any such source of infection or any such contact has not given satisfactory evidence of being under the care of a physician, such person shall be reported to the health officer, the physician's name being kept confidential in any investigation by the health department. In cases in which prostitutes are named as sources of infection, all obtainable information as to name, description, residence, etc. shall be given to the health officer at once.

In carrying out such investigations all health officers are hereby invested with full powers of inspection, examination and quarantine of all persons known to be infected with a venereal disease in an infectious stage, or suspected of being infected with a venereal disease in an infectious stage and are hereby directed:

- a) To make such examinations as are deemed necessary of persons reasonably suspected of having a venereal disease in an infectious stage.

- b) When the individual to be examined is a woman, to provide the services of a woman physician if such physician is available, when so requested by the individual to be examined.
- c) To isolate or isolate and quarantine such persons whenever deemed necessary for the protection of the public health. In establishing quarantine the health officer shall proceed as provided in Sections 109, 110, 111, and 112.

## SYPHILIS

## Section 109

Cases of syphilis shall be regarded as communicable and subject to quarantine until under treatment all syphilitic lesions of the skin or mucous membrane are completely healed and a competent clinical examination fails to show the presence of any area from which infectious matter may be disseminated. Any cases who refuse standard accepted treatment or discontinue treatment prematurely, may be subjected to quarantine regulations if the health officer deems it necessary. Those cases who may be especially subject to quarantine are:

- a) All untreated cases of syphilis, irrespective of the presence or absence of visible lesions except those who prove to the satisfaction of the health officer that the disease is more than 4 years duration.
- b) Females in the child bearing age regardless of the duration of infection except those with congenital syphilis who shall be considered as in (a).
- c) All treated cases, in either (a) or (b), who have received less than the equivalent of 20 injections of each of an approved arsenical and an approved heavy metal within a period of 2 years. However, this is not to be interpreted to indicate that this is considered adequate therapy but it is given as a minimum to provide a reasonable safeguard to public health. Any case of infectious relapse, or serologic relapse occurring within the first 4 years after infection, from the standpoint of this provision shall be subject to the same further treatment as though it were an early case, regardless of the amount of initial treatment.



## Section 110

## GONOCOCCUS INFECTION

A case of gonococcus infection shall be regarded as communicable and subject to quarantine until the following requirement have been fulfilled:

Males

- a) Freedom from discharge.
- b) Clear urine, no shreds, or shreds negative for gonococci.
- c) The pus expressed from the urethra following prostatic massage must be negative for gonococci on three successive examinations at intervals of not less than forty-eight hours.
- d) Since the above is only presumptive evidence of non-infectiousness, such patients shall be kept under observation for a minimum period of three months as a reasonable safeguard against relapse or carrier state.

Females

- e) Two successive negative examinations for gonococci of the secretions of the urethra, vagina and of the cervix at intervals of not less than forty-eight hours and one additional examination shall be made within 3 days after cessation of menstruation.
- f) Same provision as (d) above.

Both Sexes

- g) Check for syphilis by an approved serologic test any patient who is under treatment for gonorrhea before such patient is finally discharged as cured.

## Section 111

## Quarantine

Any person now under treatment, or who shall hereinafter present himself (or herself) to any physician or person for treatment or diagnosis of any venereal disease, shall be considered to be in quarantine. The requirements of quarantine shall be considered fulfilled when the patient is reported as provided for in Sections 10, 108, 109, 110, and as long as he (or she) remains under the treatment of any one permitted under the laws of California to treat disease, except that in instances in which in the opinion of the health officer, because of occupation, suspicion of prostitution, or other reason isolation as authorized in Section 108c is deemed reasonably necessary to safeguard other persons.

**Violation of Quarantine  
To Be Reported**

**Section 112**

Whenever any person while in the infectious or potentially infectious stage of a venereal disease lapses from treatment for a period of more than ten (10) days after the time appointed for such treatment the said diseased person shall be deemed to have violated quarantine, and the physician or person in attendance upon such case shall report the same at once to the local health department, giving the person's name, address, and report number, together with such other information as requested on the card provided for this purpose, except that this shall not be required in instances in which a report has been received that the patient is under treatment elsewhere.

**Section 113**

If any person has knowledge that a person infected with a venereal disease is failing to observe adequate precautions to prevent spreading infection, he shall report the facts at once to the local health officer.

**Certification**

**Section 114**

Each local health officer shall take every proper means of repressing prostitution inasmuch as it is the most prolific source of the venereal diseases. Health Officers and physicians shall not issue certificates of freedom from venereal diseases to known prostitutes as such certificates may be used for purposes of solicitation.

**Parents or Guardians Responsible  
For Compliance of Minors**

**Section 115**

The parents or guardians of minors suffering from a venereal disease shall be legally responsible for the compliance of such minors with the requirements of the regulations relating to the venereal diseases.

**Report of Unusual Prevalence**

**Section 116**

When the local health officer, through investigation, becomes aware of unusual prevalence of venereal diseases, or of unusual local conditions favoring the spread of these diseases, he shall report the facts at once to the State Department of Public Health.

**Reports Confidential**

**Section 117**

Reports of examinations, cases, investigations and all records thereof made under the regulations for the control of venereal diseases shall be confidential and not open to public inspection and no part thereof divulged except as may be necessary for the preservation of the public health.



## Section 118

CONJUNCTIVITIS  
(Acute infectious)

Prophylactic for conjunctivitis, acute infectious of the newborn, (ophthalmia neonatorum) shall be administered immediately after birth in accordance with Sections 551-556 Business and Professions Code. All physicians, midwives, and other persons lawfully engaged in the practice of obstetrics may obtain, without cost, the prophylactic for ophthalmia neonatorum (silver nitrate solution in wax ampules), together with directions for its use, by applying to the State Department of Public Health, Division of Laboratories, 3093 Life Sciences Building, Berkeley, California.

## Section 125

## TERMINAL DISINFECTION

Each person released from quarantine or isolation shall bathe and wash his hair with soap and hot water and put on clean clothes. The area of isolation shall be disinfected under the supervision of the health officer. The disinfection shall be a thorough cleansing of the entire area of isolation and should consist in the scrubbing with soap and water of all floors, woodwork, and furniture. There is no necessity for washing ceilings or the upper parts of walls beyond the person's reach. Upholstered furniture, carpets, mattresses, and hangings should be exposed to direct sunlight for several days.

## Section 126

## CARRIERS

Any person known to be or suspected of being a carrier of any communicable disease shall be reported to the health officer and shall not be permitted to engage in any occupation or activity that would endanger other persons; and such carrier shall be placed in such a degree of isolation or quarantine as the health officer shall deem advisable. See Sections 127, 128, 129, 130.

## Section 127

## DIPHTHERIA CARRIERS

Any person who has been free from the symptoms of diphtheria for 4 weeks or longer and who harbors virulent diphtheria bacilli is a carrier. A modified quarantine may be established if in the judgment of the health officer such procedure is not detrimental to the public health, except that no member of the household shall be permitted to have any part in the preparation or serving of food to persons other than members of his immediate family; nor shall they be engaged in any occupation or activity which brings them in contact with milk, milk products, milk bottles, or milk utensils; nor shall they in any way be in contact with children or large groups of people.

BACILLARY DYSENTERY CARRIERS  
TYPHOID CARRIERS  
PARATYPHOID CARRIERS

## Section 128.

Any person whose feces or urine contains the bacilli causing these diseases and who is not ill shall be reported as a carrier. Sections 128.10, 128.20, 128.30, and 128.40 define the carriers and the restrictions placed upon them.

## Section 128.10.

Any person who has been free from symptoms of any of these diseases for 1 month and whose feces or urine contains the bacilli causing these diseases shall be reported as a CONVALESCENT CARRIER.

## Section 128.20.

Any convalescent carrier whose feces or urine continues to contain any of these bacilli after one year following clinical recovery, shall be reported as a CHRONIC CARRIER, and any person whose feces or urine contains any of these bacilli but gives no history of recently having had the disease shall be recorded also as a CHRONIC CARRIER.

## Section 128.30.

When any known or suspected carrier of any of these diseases is reported to or determined by the local health authority, he shall make an investigation, submit a report to the State Department of Public Health and obtain second specimens of feces and urine to be submitted to the Division of Laboratories, State Department of Public Health, for confirmation. Any known or suspected carrier of these diseases shall be subject to modified isolation and the provisions of this isolation shall be fulfilled during such period as he complies with the instructions issued by the State Department of Public Health and the local health officer. Such instructions shall be given to the carrier in writing by the local health officer and shall include the following requirements:

- a) The individual shall not have any part in the preparation, serving or handling of food which may be consumed by any person other than members of his immediate family; nor shall he be engaged in any occupation which brings him in contact with milk, milk products, milk bottles, or milk utensils; nor shall he participate in the management of a dairy or other milk distributing plant, boarding house, restaurant, food store, or any place where food is prepared or served; nor shall he reside on the premises of any such food handling establishment.
- b) Every member of the carrier's family shall be encouraged to be immunized against typhoid fever and such immunization should be repeated at least every three years.



- c) The carrier shall wash his hands thoroughly with soap and hot water and a nail brush after using the toilet and before handling food in his home.
- d) If the premises on which the carrier resides is provided with an outdoor privy, the carrier shall have on hand at all times an adequate supply of quicklime and use it as instructed. The privy shall be kept at all times in a sanitary condition and screened against flies.
- e) The carrier shall keep the local health officer informed at all times of his address and occupation, and notify the health officer at once of any contemplated change in his address or occupation.
- f) The carrier shall communicate with the health officer before submitting to any type of treatment intended for the cure of the carrier condition.
- g) He shall report to the health officer immediately any cases of illness suggestive of typhoid or dysentery in his family or among his immediate associates.
- h) The carrier shall not live or work upon the premises of a dairy except with the written permission of the Director of the State Department of Public Health.

#### Section 128.40.

The local health officer shall visit each carrier in his territory at least twice a year to check on the occupation, address, and other activities of the carrier, and to determine if all instructions are being carried out.

#### Section 129.

#### RELEASE OF CHRONIC CARRIERS

Carriers of Bacillary Dysentery bacilli as defined in Sections 128, 128.10, 128.20, 128.30 and 128.40 shall not be released from restrictions until at least 5 successive negative feces specimens taken at not less than weekly intervals have been obtained. See Section 133 also.

#### Section 130.

Carriers of Typhoid or Paratyphoid bacilli as defined in Sections 128, 128.10, 128.20, 128.30 and 128.40 shall not be released from restrictions unless the requirements listed in Sections 130.10, 130.20, 130.30, and 130.40 are met.

#### Section 130.10

#### Urinary Carriers

Urinary carriers are not to be released at any time except in those instances where removal of the infected kidney has been performed followed by 6 successive negative

urinary specimens taken at monthly intervals. In those instances in which the carrier status was determined by only one positive specimen, release may be granted by the Director of the State Department of Public Health when 6 negative urinary specimens taken at monthly intervals have been obtained. Also see Section 133.

#### Fecal Carriers

#### Section 130.20

Where the individual was determined to be a carrier on the basis of only one positive feces specimen, release may be granted by the State Department of Public Health upon fulfillment of the following conditions:

One authentic stool and urine specimen monthly for 5 months followed by one bile specimen and then another stool and urine specimen. If all these are reported as negative, the carrier is freed from supervision. If any one of the specimens is positive, the individual is not released until provisions under section 130.30 are met. If the individual who is to be released is a food handler or nurse, the procedure is the same except that 2 additional bile specimens are to be required.

#### Section 130.30

Where the individual was determined to be a chronic carrier on the basis of two or more positive specimens and wishes to be released, the following procedure must be carried out before release will be considered.

- a) Surgical removal of the gall bladder. Positive duodenal specimen should be obtained before surgery. Unless a positive duodenal specimen is obtained, it is not advisable to operate as the infection may not be localized in the gall bladder. In submitting duodenal specimens the surgeon shall be certain that the specimens contain bile. The health officer is to be notified by the surgeon before the operation is undertaken.
- b) After clinical recovery of the patient following the operation, the following procedure shall be carried out:

Eight successive negative feces specimens taken not less than 2 weeks apart and three successive negative duodenal specimens taken not less than 2 weeks apart.

#### Section 130.40

- a) All specimens indicated in sections 129, 130, 130.10, 130.20 and 130.30 shall be taken under the supervision of the health officer under such conditions that he can certify as to their being authentic specimens of the individual, and shall be submitted to the State Division



of Laboratories or to such laboratory as may be designated by the Director of the State Department of Public Health.

- b) If after all requirements cited in sections 129, 130, 130.10, 130.20, 130.30 and 130.40 have been met to the satisfaction of the Director of the State Department of Public Health, he may grant a release to the individual if he feels that the person is no longer a menace to the public health.

#### Section 131.

#### VACCINATION FOR SMALLPOX

It shall be the duty of the local health officer to provide at public expense, free vaccination for all persons who have been exposed to a case of smallpox, or a case suspected of being smallpox.

#### Section 132.

#### COMMUNICABLE DISEASE ON DAIRIES

- a) When a milk supply is thought to be the source of infection for any one of the communicable diseases known to be transmitted through or suspected of being transmitted through milk, the health officer shall prohibit the sale of such milk until such time as he deems it to be safe for human consumption.
- b) When a case of typhoid fever, paratyphoid fever, bacillary dysentery, scarlet fever, diphtheria, or any other disease capable of being transmitted through milk is confined on the premises where a dairy is maintained, the health officer shall prohibit the sale of such milk until he is satisfied that such is safe for human consumption.

#### Section 133.

#### LABORATORY TESTS FOR THE RELEASE OF CASES OR CARRIERS OF COMMUNICABLE DISEASES

Whenever laboratory tests are required for the release of cases or carriers, the tests shall be taken by the health officer or his representatives and shall be submitted to a laboratory approved by the State Board of Public Health for such purposes. Specimens may be sent to laboratories not so approved providing the specimens are divided and a portion of the specimens are sent to an approved laboratory. Release shall be considered on the basis of the report of the approved laboratory only.

#### Section 134.

#### PUBLIC FOOD HANDLERS

No person known to be infected with a communicable disease or suspected of being infected with a communicable disease shall engage in the commercial handling of food, or be employed on a dairy or on



premises handling milk or milk products until he is determined by the health officer to be free of such disease, or incapable of transmitting the infection. See Section 8, Food Sanitation Act.

#### EXCLUSION BY SCHOOL AUTHORITIES

Section 135.

It shall be the duty of the principal or other person in charge of any public, private or Sunday School to exclude therefrom, any child or other person affected with a disease presumably communicable until such child or other person shall have been seen by the school physician or nurse, or shall have presented a certificate issued by the local health officer, or by the attending physician and countersigned by the local health officer stating that such child or other person is not liable to transmit a communicable disease.

#### TRANSPORTATION OF COMMUNICABLE DISEASE CASES

Section 136.

No individual with a communicable disease nor any contact of a communicable disease case subject to isolation or quarantine, shall be transported from one place to another without the permission of the health officer, and no case may be transported outside the area of jurisdiction of the health officer until the permission of the health officer into whose territory the case is being taken, is obtained. When transportation involves travel through several counties the permission as to the mode of travel shall be obtained from the State Department of Public Health.

#### FUNERALS

Section 137.

Funeral services for individuals who have died of a communicable disease shall be conducted under the supervision of the health officer. In quarantinable diseases and diseases requiring restriction of contacts a public funeral service may be permitted only in those instances wherein the casket remains closed and after suitable investigation the health officer feels that the public is fully protected in that there is complete segregation of the members of the family and contacts from the public.

#### OUTBREAKS OF NON-REPORTABLE DISEASES

Section 138.

The local health officer or anyone having knowledge of any undue prevalence of Vincent's infection, scabies, impetigo, hookworm, epidemic keratoconjunctivitis, or other disease shall report such facts to the State Department of Public Health at once.

#### GENERAL CLAUSE

Section 139.

In addition to the requirements stipulated in these regulations, the local health authority shall, after suitable investigation, take such additional steps as he deems necessary to prevent the spread of a communicable disease or a disease suspected of being communicable in order to protect the public health.





